

**CHILD ABUSE AND NEGLECT
 INVESTIGATION REPORT**

Completion of this form is required by s. 48.981, Wisconsin Statutes. This form is to be sent to the Division of Supportive Living/AO-IS Unit **immediately** upon completion of the investigation. Investigations are to be completed within 60 days from receipt of report.

1 CAN investigation ID XXXXXX	Indep. Invest. <input type="checkbox"/>
2 Worker Number XXXXXX	
3 Reporting Unit XXXXXX	

4 Date - Report Received X X X X X X	5 Reporter X	6 A / N Type 25
7 Date - Face to Face Initial Contact X X X X X X	8 Family Characteristics / Conditions X	

9 Date - Investigation Completed X X X X X X
10 Family Safety Services X

11 Siblings not A / N XX
12 Local Information XXX

MALTREATER INFORMATION				
13 Code	14 Age	15 Sex (M/F/U)	16 Ethnic Code	
A				
B				
C				

EXAMPLE # 2

CHILD INFORMATION														
XXXXXX	17 Child Code	18 Age	19 Sex (M / F)	20 Ethnic Code	21 Disability	22 Injuries or Indicators of Maltreatment	23 Med Attn. (Y / N)	24 Prior A / N (Y / N / U)	25 Maltreater Rel.			26 Investigation Disposition		
									A	B	C			
	01	14	X	X		X	X	X	94			X		
	02													
	03													
	04													
	05													

INCIDENT INFORMATION											
Note: L & NF for use with code 51 ONLY											
27 Child Code	28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code	28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)
		A	B	C				A	B	C	
01 XXXXXX	25	94			S	04					
02						05					
03											

SIGNATURE - Supervisor

Example #2:

A referral is received indicating that a fourteen-year old and a seventeen-year old are engaging in mutual sexual activity. Upon assessment it is found that mutual sexual contact did occur.